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AUTHOR Bearden, Lisa J.
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ABSTRACT

A study compared the differences among public and private sector rehabilitation professionals with respect to their attitudes toward aging, fear of aging, and involvement with older clients. Demographic variables of age, sex, race, and educational status were also examined. The study sample included 325 full-time, nonclerical employees of rehabilitation facilities in Alabama--156 private sector and 169 public sector employees. Chi-square analyses of data collected using a 25-item true-or-false survey instrument indicated that age, sex, and educational status were significantly different for the two groups, with age and educational status significantly higher in the public sector group and with more females indicated for the private sector. When the two groups were compared with respect to information on aging, fear of aging, and involvement with older clients, the only difference to emerge was related to involvement--more hours of involvement were indicated for the private sector professionals. (MN)

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Attitude Differences in Public and Private Sector Rehabilitation Toward Aging and Older Clients

Lisa J. Bearden

Auburn University

2014 Haley Center

Auburn University, Alabama 36849

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Abstract

The purpose of this study was to examine differences among public and private sector rehabilitation professionals on the dependent variables of information on aging, fear of aging and involvement with older persons. Demographic variables of age, sex, race and educational status were also examined. The sample included 325 full-time, non-clerical employees of rehabilitation facilities in Alabama. One hundred fifty-six subjects were employed in private rehabilitation and 169 were public sector employees. Chi-square results indicated that age, sex, and educational status were significantly different for the two groups with age and educational status significantly higher in the public sector group, and more females indicated for the private sector. Results of a one-way multivariate analysis of variance and follow-up univariate analyses indicated that only involvement contributed significantly to the difference on the three dependent variables. More hours of contact were reported among private sector employees.

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Attitude Differences in Public and Private Sector Rehabilitation Toward Aging and Older Clients

Trends in rehabilitation services reflect a changing ideology which recognizes client groups including persons for whom traditional vocational rehabilitation services are inappropriate. These persons have disabilities which extend to a point where gainful employment is unattainable. Training in independent living skills and pre-retirement planning, however, are additional services which may be rendered through rehabilitation facilities for clients unable to function in an employment setting. Included in this group are older clients who are near or past the age of retirement.

Life expectancy has increased substantially over the past century. Demographic data reflect a growing number of persons over the age of 60 which has brought added pressure for rehabilitation services for clients of advanced ages (Barry, 1984; Blake, 1981; Williams, 1981). Bowe (1980) reports that by the year 2000, the number of able-bodied citizens will be matched by those who are chronically ill, over sixty-five or disabled.

Research indicates that older clients may be successful clients. In addition, older clients have been served with less fund investment than younger clients (Rasch, 1979).

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Because objective variables tend to indicate that older clients would benefit from services, subjective factors leading to provider bias must be examined in order to determine possible causes of the neglect of the older client population. For example, eligibility for services rests largely upon knowledge of client characteristics. Therefore, information on aging is necessary for adequate service decision-making (Myers, 1983; Rasch, 1979; Sinick, 1979; Wright & Trotter, 1968;). Conversely, the lack of information may impair service provider judgement.

Fear of aging is another provider variable which must be examined as a bias against services for the older population. Negative attitudes may reflect negative perceptions of factors associated with aging and old age. Such factors include failing health, less financial security, isolation and impending death. Fear of this type of devaluation may affect the provider-recipient relationship which, in turn, impacts adequacy of services (Collette-Pratt, 1977; Klemmack, Roff, & Durand, 1980; French, Thorson, & Perrault, 1980). In addition, fear of aging and lack of information may tend to limit time of involvement with older persons, including unwillingness to serve older citizens (Benedict & Ganikos, 1981; Bozarth, 1981).

In order to adequately assess bias among rehabilitation service providers, research must reflect examination of variables in3both public and private sector rehabilitation services. There

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is an apparent similarity between the two sectors in philosophy of rehabilitation goals. Differences center around sources of funding, service solutions, and types of clients served (Griswold, 1985; Matkin, 1985). If the two sectors indeed differ, then provider bias may also differ. Therefore, the variables of information on aging, fear of aging, and involvement with older persons were examined among rehabilitation service providers in the public agency and private sector facilities in order to isolate sources of provider bias as reflected in professional identification.

Method

Subjects

The sample consisted of 325 full-time, non-clerical employees of rehabilitation facilities in Alabama. Subjects included in the study were employed in jobs including daily direct client contact. One hundred and fifty-six subjects were employed in private rehabilitation and 169 were public sector employees. There were 167 male subjects and 158 females. Forty-nine non-white and 276 white subjects were included. One hundred fifteen subjects held baccalaureate degrees and 210 reported having completed graduate degrees. The mean age of the private sector employees was 35.2, and the mean age in the public sector subject group was 41.5

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Instrumentation

Information on aging was measured by the Facts on Aging Quiz (FAQ), a 25-item, true-false questionnaire which assesses general knowledge about aging and older persons. Even though item to total reliability is low at .47, the FAQ has been widely used in survey research. High group score reliability has been indicated with consistency across comparable educational groups.

Fear of aging was measured by an index on concern with being old (Klemmack, Roff, & Durand, 1980). The index consists of four items measuring concern with financial status, interpersonal relations, health, and loneliness. Each item is measured on a Likert scale of five, ranging from "strongly agree" to "strongly disagree." Norm group reliability was .81.

Involvement with older persons was measured by response to a statement asking how many hours per week are spent in direct contact with a person or persons age 60 or above. Older person was defined for this study as a person 60 years of age or older.

Procedures

The data for the current examination were collected in two previous research studies. The first study examined information on aging, fear of aging, and involvement with older persons in private rehabilitation facilities in Alabama (Bearden & Head, 1985). Questionnaires were mailed to all offices for

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dissemination by the respective directors or office supervisors. Upon completion the questionnaires were collected and returned as a group.

The second study replicated the examination of information, fear, and involvement in public sector offices in Alabama (Bearden, 1985). Area supervisors of all Vocational Rehabilitation Services (VRS) offices distributed the questionnaires to each respective office, and the questionnaires were returned as a group from each office upon completion.

Analysis

Chi-square was used to test for significance of the demographic variables of sex, race, and educational status between the two groups of public and private sector employees. An analysis of variance (ANOVA) with F-value was used to test significance of age between the groups. A multivariate analysis of variance (MANOVA) was performed to determine if the groups differed on the three dependent measures of information, fear, and involvement. Univariate analyses of variance were then conducted in order to determine which of the three variables were significantly different for the groups.

Results

Chi-square values for sex, race, and educational status were 28.804, 5.387, and 81.168 respectively. These values show that at $p < .01$, sex and educational status were significant. The trend

was for more women in private sector rehabilitation and more men in public sector employment. More employees in public rehabilitation reported graduate degrees than in the private sector. The analysis of variance F value, $F = 1.49$ ($p < .01$), indicated that age was significantly higher for the public sector. Table 1 shows results of the multivariate and univariate analyses of variance for measures of information, fear, and involvement. The multivariate analysis of variance showed a statistically significant group effect ($p < .01$). Follow-up univariate analysis indicated that only the involvement measure contributed to between group differences.

Insert Table 1 about here

Discussion

Sex was significantly different for the public sector and private sector groups. More females were included in private facilities and more males were indicated for public employees. This difference may be accounted for by the types of jobs represented in each group. The private sector may offer more jobs traditionally held by women such as rehabilitation nurses. An alternative explanation is that the private sector may be more positively viewed as a source of job opportunity for female rehabilitation specialists.

Education was found to be significant with more employees with graduate degrees indicated for the public sector. The signficiance of this variable may reflect the requirement that public sector counselors complete a master's degree before employment. A further implication is that there are more job opportunities in private rehabiliation for persons without graduate training.

Age of subject was significantly higher for public employees. The difference may indicate that public sector service providers have been employed in the agency longer, leaving less room for the hiring of newer graduates or younger applicants. The merit system used in many state agencies allows for this type of discrepancy. Private rehabilitation is also a comparatively newer development in rehabilitation service provision. This may be a factor in the perception of rehabilitation students when making professional choices. The nascent the private sector may appear more attractive, simply because it offers an alternative to traditional agency employment.

When examined together on the three dependent variables of information, fear and involvement, only the involvement variable contributed to between group differences. More hours of involvement were indicated for private sector employees. There was no control for type of involvement, personal or professional. Because of the difference in funding base for private

rehabilitation services, private sector providers may be more apt to accept what has historically been thought of as risky clients. Private practitioners may work under less budget constraints. Another implication is that difference in hours of involvement may be a function of demographic variables rather than sector of employment. Controls on type of involvement may lead to other conclusions.

There are several implications of the findings. Further research is indicated in rehabilitation of older clients in both public and private sector services. Graduates of rehabilitation education programs are trained to work in either sector. Because rehabilitation professionals are trained in generic information pertinent to service delivery, differences in client services may stem from differences in professional identification. Caution must be exercised in order to insure that adequacy of services is not impaired due to sector of employment.

The sex and educational differences imply that, though training is similar, professional opportunities may be different for certain groups. Investigation into opportunities for women in public sector rehabilitation is indicated. Type of training pertinent to sector of employment must be examined in order to isolate differences which should be addressed in educational programs. If professional goals may be met with different levels

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of educational training, rehabilitation students should be assisted early in choosing the most appropriate training in order to meet the requirements of their specific career choice.

In summary, the difference in hours of involvement, as well as provider attitudes, must be investigated further as a factor in service delivery. The lack of information differences is not surprising in view of the possibility a general deficit in information on aging in both sectors may exist. Because of the growing need for services to older clients, more attention in both rehabilitation sectors must be given to perception of aging and older persons, and a sound knowledge base in order to provide the most appropriate services. Public and private rehabilitation practitioners should work closely in research and resources for total rehabilitation of the older client.

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Table 1

Summary of Multivariate and Univariate Analyses of Variance

Source	df	Wilks' Lambda	Multivariate F
Group	3,321	0.915	9.97**

Independent Variable	df	MS effect	MS error	F
Information	1,323	1.492	7.519	0.198
Fear	1,323	3.563	14.206	0.251
Involvement	1,323	10024.299	336.087	29.826**

**$p < .01$.

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